## **DEFERRED COMPENSATION BENEFICIARY CHANGE FORM**

Participant Information (pleas	se print)	
	ployer Name	
Social Security Number State	te	
Last Name	F	irst Name MI
Street Address		
City		State Zip Code +4
(Area Code) Home Phone Number	Email Address	
Primary Beneficiary(ies) Designation Beneficiary Beneficiary Beneficiary Designation Beneficiary Beneficiary Beneficiary Beneficiary Beneficiary Beneficiary Name(s) Beneficiary Name(s) Primary Primary Primary Primary Beneficiary Name(s) Beneficiary Name(s) Contingent Beneficiary Name(s) Contingent Beneficiary Name(s)	will establish sub-accounts and not separatequired minimum distributions be based or on: I hereby designate the following Prima under the Plan, except benefits payable to SPLIT % RELATIONSHIP  ation: In the event all Primary Beneficiary eficiary(ies) to receive the benefits, if any, page 1975.  SPLIT % RELATIONSHIP	Social Security Number Date of Birth  (ies) designated above predecease(s) me, I hereby bayable under the Plan except benefits payable to  Social Security Number Date of Birth
		s. Check box  if a separate sheet is attached.
Authorization: This designation sup the Plan as listed below prior to the according specified. My death benefits will then my death benefit will be paid to the	persedes any prior beneficiary designation ount holder's death. Any benefits payable be paid first to my Primary Beneficiaries. e remaining Primary Beneficiaries. Conting beneficiary designation is on file, benefits w	and shall become effective on the date accepted by at my death shall be paid in equal shares unless oth If some of my Primary Beneficiaries predecease me, lent Beneficiaries will only receive benefits if no rill be paid pursuant to the sequence set forth in the INESS  These Signature  Date these can not be a named beneficiary)
Street	City	State Zip

## MODEL BENEFICIARY DESIGNATIONS

Please use the following designations as a guide when completing this form.

- 1. Joan Nation, spouse (Primary).
- 2. Joan Nation, spouse (Primary), Henry Nation, son (Contingent).
- 3. Joan Nation, spouse (Primary), Henry Nation and Betty Nation, children (Contingent).
- 4. Henry Nation and Betty Nation, children (Primary).
- 5. Henry Nation, John Nation, and Betty Nation, children (Primary).
- 6. Sara Nation, mother, and George Nation, father (Primary), Jean Nation, sister (Contingent).
- 7. Estate. (Requires certified copy of "Letters of Office" appointing an executor of the Estate).
- 8. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. (Attach a copy of the title and signature page of the Trust).

Generic beneficiary designations will not be accepted. Examples of generic designations include:

- 1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
- 2. My children.
- 3. Children of this marriage or any past marriage.
- As designated in my will.